Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4/22/10	Address:	3 rd Road & Lilac
Case #:	<u>24-31424</u>		Plymouth, IN 46563
County:	<u>Marshall</u>		
Type of L	aboratory Seizure (check one)	Seizure Location (check all that apply)
Operat Chemi	ional Lab cal/Glassware/Equipment (only) site (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
	ınd: Location (bedroom, kitchen, open	air, etc)	
(check all t \times Lithium	that apply) m/Ammonia Reaction(s): off of road	way	
	hosphorous/Iodine Reaction(s):		
☐ Flamn	nable Solvents:		
☐ Water	Reactive Metal (Lithium):		
Anhyo	drous Ammonia:		
⊠ Hydro	ochloric Acid Gas Generator(s): off c	of roadway	
Corro	sive Acid:		
Corro	sive Base:		
Other	(item and location):		
Yes No *If yes, fax	der age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedr ☐ Retail/I ☑ Other: <u>I</u>	ive <u>Information</u> ine/Pseudoephedrine Tracking Log Merchant Tip Law Enforcement
<u>This rep</u>	ort is to be faxed to the following a	gencies that serve the	location:
Fire Dep	eartment: Plymouth FD		<u>-936-5256</u> 4) 936- <u>9247</u>
Health Department: Marshall Co.		Fax: <u>(571</u>	
Child Pr	otection Service:		
Investiga	ating Officer. Subon 1 wassers	Phone <u>5/4-540-4900</u>	
** This	form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department		

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.